



# MALAYSIA COUNTRY REPORT 2009



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MALAYSIA**

**1. INTRODUCTION**

1.1 The “Dadah” (illicit drugs) problem remains the main threat to national security. The political commitment to fight the drugs scourge was enhanced by the setting up of the Cabinet Committee on the Eradication of Drugs which is the highest body of the country’s Mechanism in Coordinating the Implementation of Policy to Combat the Drug Menace. The Committee is chaired by the Hon. Prime Minister and represented by 14 Cabinet Ministers, Chief Secretary to the Government, Attorney General, Army and Police Chiefs, the Director General of the Public Service and the Secretary-General of the Ministry of Home Affairs as the Secretary.

**2. BACKGROUND ON THE ROLE OF ANTI-NARCOTICS AGENCIES IN MALAYSIA**

2.1 The National Anti-Drug Agency under the Ministry of Home Affairs as the leading agency is responsible for the formulation of policies relating to drugs, especially with the drug abuse preventive education and treatment and rehabilitation of drug dependants.

2.2 The Narcotics Crime and Investigations Department (NCID) of the Royal Malaysia Police is the main agency for the enforcement of drug laws. The Royal Malaysian Customs is also involved in enforcing the drug laws and the task is carried out by its Narcotics Division. The Pharmaceutical

Services Department of the Ministry of Health enforces the Poisons Act 1952 which controls the sale, import and export of poisons, precursors and essential chemicals.

### **3. BACKGROUND OF THE NATIONAL ANTI-DRUGS AGENCY**

3.1 The National Anti-Drugs Agency was set up in 1996 to monitor and control the drug situation in Malaysia. Its functions and powers have now been formalized under the National Anti-Drugs Agency Act 2004.

3.2 The objective of the National Anti-Drugs Agency is to ensure the implementation of national policies on drugs and coordinate, monitor and evaluate all activities relating to the control and prevention of the drug problem to create a drug-free nation by 2015. The National Anti-Drugs Agency operates at the Federal, State and District levels.

3.3 The four (4) core strategies of the National Anti-Drugs Agency in eradicating the supply of and demand for drugs in the country are:

- a. Prevention
- b. Treatment and Rehabilitation
- c. Law Enforcement
- d. International Cooperation

3.4 The terms of reference of the National Anti-Drugs Agency are as follows:

- a. to implement preventive drug education programmes
- b. to implement drug treatment and rehabilitation programmes;

- c. upgrade the system for data collection and to carry out evaluation on the effectiveness of all national anti drug programmes;
- d. enhance regional and international cooperative efforts to combat the drug problems; and
- e. serve as a Secretariat to the Cabinet Committee on the Eradication of Drugs and its Action Committees

#### 4. OVERVIEW OF THE DRUG ABUSE SITUATION

##### 4.1 Cases detected

A total of 15,736 abusers were detected in 2009 a rise of 27.40% compared to 2008. The number of new abusers of 7,123 (45.27%) was an increase of 19.94% as compared to 5,939 abusers the previous year. There were 8,613 (54.73%) relapsed abusers detected. Table 1 shows the number of new and relapsed abusers detected in 2008 and 2009.

**Table 1: Comparison of Abusers Detected in 2009 and 2008**

STATUS OF CASE	JAN-DEC 2009	PERCENTAGE	JAN-DEC 2008	DIFFERENCE BETWEEN 2009/2008
NEW ABUSERS *	7,123	45.27%	5,939	19.94%
REPEAT ABUSERS **	8,613	54.73%	6,413	34.31%
<b>Total Number of Addicts</b>	<b>15,736</b>	<b>100.00%</b>	<b>12,352</b>	<b>27.40%</b>

\* Abusers detected for the first time by the NADI (National Drugs Information) System

\*\* Abusers previously detected by the NADI System

##### 4.2 Profile of Drug Abusers

**a. Distribution by States**

In 2009, Penang with 2,255 abusers (14.33%) recorded the highest number of abusers detected in the country. This was followed by Kedah 2,016 (12.81%), Kelantan 1,902 (12.09%), Selangor 1,864 (11.85%) and the Federal Territory of Kuala Lumpur 1,635 (10.39%). Table 2 shows that eleven states recorded increases in the number of abusers detected namely Kedah, Kelantan, Penang, Johore, Selangor, Negeri Sembilan, Pahang (highest increased by 194.74%), Perlis, Sarawak, the Federal Territory of Labuan and the Federal Territory of Putrajaya .

**Table 2: Drug Abusers Detected According to States**

<b>NO.</b>	<b>STATES</b>	<b>JAN-DEC 2009</b>	<b>%</b>	<b>JAN-DEC 2008</b>	<b>DIFFERENCES 2009/2008 (%)</b>
1	Kedah	2,016	12.81	1,749	15.27
2	Federal Territory of Kuala Lumpur	1,635	10.39	1,828	-10.56
3	Kelantan	1,902	12.09	672	183.04
4	Penang	2,255	14.33	1,622	39.03
5	Perak	1,121	7.12	1,598	-29.85
6	Johore	1,633	10.38	1,512	8.00
7	Selangor	1,864	11.85	1,176	58.50
8	Terengganu	481	3.06	490	-1.84

NO.	STATES	JAN-DEC 2009	%	JAN-DEC 2008	DIFFERENCES 2009/2008 (%)
9	Negeri Sembilan	919	5.84	602	52.66
10	Malacca	327	2.08	367	-10.90
11	Pahang	1,064	6.76	361	194.74
12	Perlis	302	1.92	171	76.61
13	Sarawak	76	0.48	51	49.02
14	Sabah	99	0.63	119	-16.81
15	Federal Territory of Labuan	21	0.13	19	10.53
16	Federal Territory of Putrajaya	21	0.13	15	40.00
<b>Total</b>		<b>15,736</b>	<b>100</b>	<b>12,352</b>	<b>27.40</b>

Source: NADA Drug Report 2009

#### b. Types of Drugs Abused, Gender, Age and Occupation

The opiate-based drugs of heroin (32.07%) and morphine (21.52%) continued to be the main type of drugs abused. Ganja / cannabis were abused by 33.09% (5,207) of the abusers while 8.25% (1,298 abusers) abused amphetamine type stimulants (psychotropic pills, MDMA, methamphetamine and amphetamine).

15,458 (98.23%) abusers were male while 278 (1.77%) were female abusers.

Youths from the age group of 19 – 39 years old comprised the largest group of drug abusers (11,949 or 77.29%) detected in 2009. Adults (40 years and above)

accounted for 20.56% (3,178) of the drug abusers and 332 or 2.15% were teenagers (13 – 18 years old).

Abusers in Malaysia were still *functional* even when they were on drugs as only 3.36% (529) were unemployed. The majority of the abusers were general workers (54.02% or 8,501), followed by 31.25% (4,918) in the sales/services sector and 0.76% was from the management sector.

**c. Drugs Seizures**

Seizures of most drugs showed an increase compared to the year 2008. Seizures of all types of drugs by the various authorities in 2009 are as follows:

TYPE OF DRUGS	SEIZURES IN 2009	SEIZURES IN 2008
Heroin	283.35 kg.	297.06 kg.
<i>Ketamine</i>	1,070.590 kg.	553.13 kg.
<i>Eramin 5</i>	2,909,587 tablets	1,502.233 tablets
Psychotropic pills	268,888 tablets	306,610.5 tablets
Ecstasy pills	75,515 tablets	80,778 tablets
<i>Syabu</i> (methamphetamine)	1,159.66 kg.	356.92 kg.
Cannabis	2,351.79 kg.	874.77 kg.

Source: Royal Malaysian Police, Royal Malaysian Custom and Pharmacy Division (as reported in the NADA Drug Report 2009)

**d. Arrests of Drug Offenders**

More drug offenders were arrested in 2009 as compared to 2008. A total of 75,623 persons were arrested under the Dangerous Drugs Act (DDA) 1952 as compared to 64,043 in 2008. From this data, the number of persons arrested under Section 39B which carries the mandatory death penalty was 3,045. The number of offenders under Section 39A was 5,538 and 66,540 people were arrested for committing offences under other sections of the DDA 1952. In 2009, 2,500 offenders were detained under the Special Preventive Measures of the DDA 1985 as compared to 1,191 in 2008.

**5. INTERNATIONAL DRUG TRAFFICKING**

Malaysia continues to be a transit country for drugs *en route* to other destinations for international markets. The demand for drugs by the local abusers is another attraction to drug syndicates to smuggle drugs into the country. Drugs like heroin, opium, syabu, ATS and ketamine seized by the Royal Malaysian Police and Royal Malaysian Customs are testimony to the demand for these drugs in the country. As of 2009, there are 729 Malaysians still detained for various drug offences in other countries while 969 foreigners were arrested in Malaysia.

**6. OVERVIEW OF THE DRUG LAW AND LEGISLATION**

Drug legislation in Malaysia is comprehensive and covers both prevention and treatment and rehabilitation. This reflects the seriousness of the national efforts to curb drug trafficking and drug

abuse. The existing laws are continuously reviewed to identify weaknesses and consequently enhance their effectiveness. Malaysia's drug laws are found in five (5) major statutes. They are:

- a. The Dangerous Drugs Act 1952;
- b. The Poisons Act 1952;
- c. The Drug Dependents (Treatment and Rehabilitation) Act 1983;
- d. The Dangerous Drugs (Special Preventive Measures) Act 1985; and
- e. The Dangerous Drugs (Forfeiture of Property) Act 1988

### **6.1 The Dangerous Drugs Act 1952**

The Dangerous Drugs Act 1952 represents the major legislation in relation to drug control in Malaysia. This Act is very extensive and covers aspects of offences, procedures and evidence. Among others, it provides mandatory death sentence for drug trafficking offences. This legislation has been amended several times in order to keep abreast with the upsurge in the drug trafficking and drug abuse situation.

### **6.2 The Poisons Act 1952**

The Poisons Act 1952 is aimed at controlling the import and sale of poisons. The term 'Poisons' refers to any substance specified in the Poisons List and includes any mixture, preparation, solution or natural substance containing such substance other than an exempted preparation or an article or preparation included for the time being in the Second Schedule of the Act. The control of any drug that does not appear under the First Schedule of the DDA 1952 would be controlled under this Act.

### **6.3 The Drug Dependants (Treatment and Rehabilitation) Act 1983**

The Drug Dependants (Treatment and Rehabilitation) Act 1983 provides for both compulsory treatment and rehabilitation of any person who has been certified as dependant either in the rehabilitation centre or in the community. There is provision for voluntary treatment and rehabilitation in the centre or community too. The period of treatment and rehabilitation at the rehabilitation centre is for two (2) years and is followed by aftercare for another two (2) years.

### **6.4 The Dangerous Drugs (Special Preventive Measures) Act 1985**

This preventive detention law that came into force on 15 June 1985 is aimed at enhancing the effectiveness of countermeasures taken by the relevant authorities against those who are involved in drug trafficking. It empowers the government to detain anyone suspected of being a trafficker without having to bring the suspect to any court of law.

### **6.5 The Dangerous Drugs (Forfeiture of Property) Act 1988**

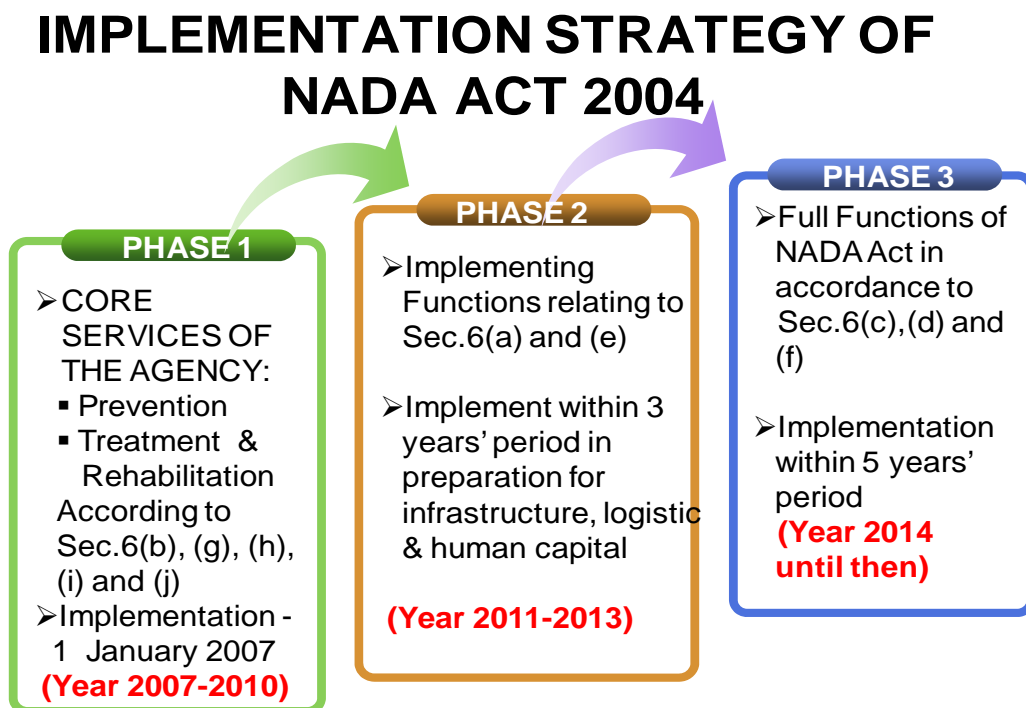
Drug trafficking in the country remains rampant despite the provision for mandatory death sentence on those convicted for drug trafficking. Despite the penalty, many are still willing to take the risks because drug trafficking remains lucrative. In cognizance of this, the Government has introduced the Dangerous Drugs (Forfeiture of Property) Act 1988, which came into force on 10 June 1988. It empowers the relevant

authorities to trace, freeze and forfeit assets of convicted drug traffickers.

## 6.6 The National Anti-Drug Agency Act 2004

The National Anti-Drug Agency Act 2004 provides for the establishment of the agency. It confers powers upon officers of the National Anti-Drugs Agency to perform preventive, treatment, rehabilitation, enforcement, investigation, special preventive measures, forfeiture of property and administrative functions with respect to offences under the relevant acts. The functions and powers of the Agency are elucidated in Section 6 of the Act.

As enforcement is new to this Agency, the NADA Act 2004 is implemented in 3 phases within a specified timeframe, as follows:



**In Phase 1**, this Agency is to enforce the Drug Dependents (Treatment and Rehabilitation) Act 1983 from 2007 to 2010.

Under this phase, Section 6 (b), 6(g), 6(h), 6(i) and 6(j) of the NADA Act 2004, empowers this Agency to educate the public against misuse of dangerous drugs; to enlist and foster public support in combating misuse of dangerous drugs; to advise the Minister on policies relating to prevention, treatment and rehabilitation, special preventive measures of persons associated with trafficking in dangerous drugs and forfeiture of property connected with dangerous drugs offences; and generally to perform any other duty for combating misuse of dangerous drugs. Evaluations will be carried out in each phase to monitor and review the Agency's readiness to move to the next phase.

**Phase 2** (to start in 2011 to 2013) will take into consideration the Agency's preparation in infrastructure, logistic and human resources/development to enable this Agency to focus on the functions of enforcing and carrying out provisions of the Dangerous Drugs Act 1952 (except for a few provisions) as well as to prevent and suppress illicit trafficking and misuse of dangerous drugs.

**Phase 3** which will commence in 2014 enables the National Anti-Drugs Agency to perform all the functions stipulated in the NADA Act 2004 with Section 6(c), 6(d) and 6(f) giving powers to officers to enforce the Dangerous Drugs (Special Preventive Measures) Act 1985 and the Dangerous Drugs (Forfeiture of Property) Act 1988, and the Mutual Assistance in Criminal Matters Act 2002.

## **6.7 Cabinet Committee on the Eradication of Drugs and its Sub-Committees**

The Cabinet Committee on the Eradication of Drugs was established in 2004, chaired by the Hon. Prime Minister. Under this Committee, there is an Action Committee and three (3) Sub-Committees. The aim of these committees is to oversee and review the implementation of the National Drug Control Strategy and to ensure its effective implementation.

The three sub-committees act as the working group and suggests new policies for implementation or reviews existing policies and makes recommendations and reports to the Action Committee. The Action Committee decides on the recommendations and in turn reports to the Cabinet Committee on the decisions it has taken/made. The Action Committee can also make recommendations to the Cabinet Committee for a final decision if it involves policy changes.

The 3 Sub-committees currently focus on the core areas are:

- a. Prevention Education and Publicity – chaired by the Minister of Education
- b. Law Enforcement – chaired by the Minister in charge of Legislative Affairs.
- c. Treatment and Rehabilitation – chaired by the Health Minister

This system is replicated at the state level and reaches into the district level. By a directive issued by the Prime Minister in April 2007, Members of Parliament can chair meetings at the

district level committees, and thus play an important role at the local community to prevent drug abuse.

## **8. DEMAND REDUCTION PROGRAMMES**

Primary prevention programs involve prevention education in schools and dissemination of information to the public. The programs are aimed at insulating members of society, especially youths, from falling prey to the drug scourge.

The activities carried out in 2009 fall into three broad categories:

- Advocacy and Information programs
- School-based programs
- Community Mobilization programs
- Drug prevention programs for parents
- Drug prevention programs in the workplaces

### **8.1 Advocacy and Information Programs**

#### **a. Mobile Drug Abuse Prevention Bus**

Drug abuse prevention began operations in 1990. Exhibitions were held in public areas, shopping complexes, stadiums, night markets and others. By the end of 2009, the National Anti-Drugs Agency had procured two (2) buses which are used as mobile exhibitions in raising awareness to the civil society. These units move from the length and width of Peninsular Malaysia in its awareness campaigns.

#### **b. Anti Drug Campaigns**

This program was carried out continuously. Most activities were implemented through the electronic

media, print media, films/video clips besides holding of anti drug exhibitions. National leaders, religious leaders and experts in their respective fields of anti drug activities were invited to appear on television as well as national and state radio programs to discuss the drug problems faced by the nation and the role of the community in combating the drug problem.

Since 2007 the community-based mobilization program **"GEMPADAH"** (Community Blitz against Drugs) was launched by the National Anti-Drugs Agency involving communities in anti drug activities. It aims at mobilizing resources and organizations at the local level to deal with drug issues.

## **8.2 School-based or Learning Institutions Programs**

### **a. Tunas (Buds)**

This program is specially developed for pre-schoolers or children (5 – 6 years old) based on the philosophy that healthy life styles or activities have to be inculcated while they are still young. In 2009, 248 kindergarten schools were exposed to this program.

### **b. Kem INTIM (Kem Kecemerlangan Intelek Murid) or INTIM Camp**

The objective of this program which is catered to pupils in Year 5 (10 – 11 years old) is to enhance their knowledge and life skills to resist the negative peer

pressure to take drugs and other substances. 50 camps with the participation of 5,326 pupils were conducted in 2009.

**c. PIP (Program Intervensi Pelajar) or Students Intervention Program**

The National Anti Drugs Agency conducts surprise or random urine screening for high-risk students so that early intervention actions can be taken. Students identified positive for drugs would be counselled by the school counsellor and requested to attend motivational camps/courses to enhance their self-esteem and interpersonal skills. Parents are also invited to participate and share experiences with others on parenting skills. In 2009 a total of 264 schools involving 2,610 students were screened and 49 motivational camps were held for the affected students.

**d. SEGAK (Sekolah Gemilang Antidadah) or Excellent Anti-Drugs Schools**

Programs are implemented in schools which are located in high-risk areas and students are exposed to drug-related activities. Students' resilience in saying No to drugs is developed through interpersonal skills so that they are able to resist the pressure to use drugs. 76 schools and 13,527 students took part in this program in 2009.

**e. Institutions of Higher Learning**

Programs are conducted for undergraduates in institutions of higher learning (universities, colleges and other training or technical institutions) throughout the country to enhance their awareness and knowledge on drugs. 42 programs were conducted in universities/colleges in 2009 for 16,048 undergraduates while another 62 training or technical institutes, involving 7,258 students participated in preventive education activities.

**f. Community based drug prevention programs**

These programs are targeted to specific core groups like parents and teachers associations, community and religious leaders or involve a whole community like settlers in a specific land scheme, a fishing community or a village. A variety of means are used like community events, social services, talks, dialogues and forum, healthy lifestyle events, exhibitions and games. It also involved NGO/other community based organizations.

Many parliamentarians as community leaders actively supported and participated in these programs. More than 8,395 programs were held in 2009 in all states and districts involving about 1 million participants.

**g. Activities with Non Governmental Organizations (NGOs), Private Sectors and Mass Media**

Activities with non-governmental organizations are carried out on drug prevention activities, aftercare and in the social re-integration of abusers into society. Some of the organizations like PEMADAM (prevention), PENGASIH (assisting abusers through its rehabilitation programs), PENDAMAI and Malaysian Care (assisting abusers and recovering persons through their outreach activities). Other community based organizations like the Neighbourhood Committees, Village Development and Security Committees, Women's Organizations, Youth organizations also participated in drug prevention activities.

In 2009, 277 programs were held jointly with various NGOs while private sectors' involvement are through their support of national level anti-drug campaigns and drug prevention programs in the workplaces and communities. NGOs and the private sectors are encouraged to participate and organize activities under **GEMPADAH** (Community Blitz against Drugs).

Private sectors' participation has also been encouraged in the production of posters, leaflets and billboards promoting anti drug messages.

Media involvement in Malaysia has been through the participation of the Ministry of Information providing

coverage for national and international conferences, launch of campaigns, television and radio talk shows.

**h. Let's Prevent Drugs (*Jom Cegah Dadah*) – A Cluster Program**

This program involves all sectors of the society as collective efforts in eradicating the drug menace in high risks areas or communities for example in fishing villages, land schemes, housing estates or plantation settlements. NADA and other departments, civil society and non government organizations plan programs/activities in prevention, treatment and rehabilitation as well as enforcement until these areas is declared as drug-free or *clean* from drug abuse or drug related activities. The concept of *weeding and sowing* is used to implement this program. A total of 277 programmes were held in 2009.

**i. Family-based drug prevention Programs**

Parents are involved in drug prevention activities primarily through participation in community based drug awareness programs. They are also encouraged to participate through involvement in the parents and teachers associations (PTAs). In 2009, a total of 2,064 family-based drug prevention programs were held that involved 83,983 participations compared to 2008, where only 89 programs were implemented.

**j. Drug Prevention Programs in the Workplaces**

In 2009, triggering seminars involving 2,299 firms/agencies were held. Talks, exhibitions and briefings were held for 840 small and medium size businesses, government departments and agronomy sectors (agriculture, fishing sectors) throughout the country to assist them to promote and implement drug preventive programs in their workplaces as well as to enhance awareness on drug prevention. Urine screenings are carried out in workplaces for new recruits and other employees so that intervention program can be implemented should they be tested positive for drugs.

**k. Friends or Peers against Drugs - Rakan Anti Dadah (RADA)**

NADA introduced a club-like project, Friends against Drugs for the youths (RADA), whether in the urban towns or rural areas of the country. It aims in enhancing life skills of this vulnerable group to be more resilient in saying no to drugs. Youths can act as the *ears and eyes* of the community in protecting their environment from drugs and other drug-related activities. Membership drives are carried out in the country to entice youths to join the "club" whereby healthy lifestyle activities are formulated and implemented. As of December 2009, NADA has successfully registered 86,381 youths into this project.

## I. **Women against Drugs (MAWADAH)**

Women at all levels of society are mobilized to engage in anti drugs programs. Women that are targeted are not only from the working groups (in the private and public sectors) but also non working women (housewives), single mothers, politicians from non-government organizations and other women groups either in the urban or rural areas.

This is in view of the multi-functional roles played by women as daughters, wives, or sisters in families as well as one of the main contributors to the economic and development of the country as part of the working population.

NADA formulates and works closely with these organizations to involve women in activities in combating the drug menace.

These roles include counselling and guidance, career and economic development, mental and spiritual development, social reintegration and preventive education. Seminars or training programs are held for those identified to empower them to play more prominent anti drug roles. Women who have successful children are identified as *icon* in society and those who are active in anti drugs programs are tasked as role models to other women. Publicity through media (electronic or print) by highlighting the roles of women is constantly carried out. As of December 2009,

a total of 90 programmes were held and involved 18,761 participations among women.

## **9. DRUG TREATMENT AND REHABILITATION**

### **9.1 Drug Rehabilitation Centres/Program**

Malaysia is one of the few countries in the region that has developed a compulsory rehabilitation programme for drug dependents. The objective of the treatment and rehabilitation programme is to enable drug dependants to overcome the physical and psychological addiction to drugs and to thereafter live a drug-free lifestyle.

The National Anti Drugs Agency implements two (2) methods of treatment and rehabilitation namely:

- a. Rehabilitation in the Institution; and
- b. Rehabilitation in the Community

A suspected addict can be detained for a period of 14 days for urine and medical examination to ascertain his status. If certified to be an addict, a magistrate, on the advice proposed by the Anti Drugs Officer in the Social Report, can either commit him to an institutional rehabilitation program or place him under the supervision of a Rehabilitation Officer/Anti Drugs Officer in the community.

There are about 6,570 trainees who are undergoing treatment and rehabilitation at the 28 government-managed centres. There are also about 115 privately managed drug centres that have 1,730 residents undergoing treatment and rehabilitation.

The Government has also established 18 Anti-Drugs Service Centres. The role and functions of these centres are as follows:

- a. plan and implement drug preventive programs at the district level;
- b. provide facilities for drug treatment and rehabilitation for volunteering drug addicts;
- c. provide counselling and advisory services to those who require such services;
- d. manage and determine the rehabilitation program that would best suit the addicts who are referred to the centre by the police or by addicts who volunteer for treatment and rehabilitation;
- e. To provide follow-up services to those addicts who have been placed under the Supervision Program and for those who have completed their program at the Government Treatment and Rehabilitation Centres.

## **9.2 Relapse Prevention Programs**

In 2009, greater focus was given to relapse prevention programs in the community. Towards this end, apart from strengthening the community based program through the service centres, a comprehensive range of activities and program were carried out. A total of 291 relapse prevention programmes were held in 2009 which includes seminars and motivational courses for recovering persons, 821 activities for families (such as family association programmes, family intervention programmes and family support group) and 500 outreach programs.

## 10. CONCLUSION

The Government continues to improve its machinery to combat the drug problem in the country, a problem that is still considered a security problem. Malaysia believes that the only way to solve the drug problem is through multi-disciplinary approach and in partnership with all sectors of society in the country and by strengthening cooperation with its neighbour countries. It is only with concerted efforts that we can achieve the objective of having drug free societies worldwide.